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CONFIRMATION NO. 1850

<b>SERIAL NUMBER</b> 10/553,672	<b>FILING OR 371(c) DATE</b> 10/17/2005 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1647	<b>ATTORNEY DOCKET NO.</b> KAWABE1
<b>APPLICANTS</b> Yoshiki Kawabe, Shizuoka, JAPAN; Yuichiro Adachi, Shizuoka, JAPAN; <i>ECS</i>				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/JP04/05397 04/15/2004 <i>ECS</i>				
<b>** FOREIGN APPLICATIONS *****</b> JAPAN 2003-110561 04/15/2003				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 01/19/2007</b>				
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged	Examiner's Signature <i>ECS</i> Initials <i>ECS</i>	<b>STATE OR COUNTRY</b> JAPAN	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 6  <b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> 1444				
<b>TITLE</b> Agent for treating diabetes mellitus				
<b>FILING FEE RECEIVED</b> 1300	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	